

**WISCONSIN MEDICAID  
PROVIDER CERTIFICATION OF EMERGENCY  
FOR UNDOCUMENTED ALIENS**

**SERVICES FOR UNDOCUMENTED ALIENS**

Under federal and state law, undocumented aliens (illegal aliens) are not eligible for Wisconsin Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Use of this form is not mandatory, but by verifying that the service(s) provided was to treat an emergency medical condition (according to the federal definition), the provider is helping the county/tribal social or human services department determine Wisconsin Medicaid eligibility for an undocumented alien.

Federal law states that illegal aliens are not eligible for Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Federal law describes an emergency medical condition as follows:

An emergency medical condition is a medical condition manifesting itself by acute symptoms of severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Wisconsin Medicaid does not cover major organ transplants (e.g., heart, liver) for undocumented aliens pursuant to 42 USC s. 1396b(v)(2)(C).

**MEDICAID ELIGIBILITY**

Do not complete this form if the patient is already eligible for Wisconsin Medicaid. To determine whether a patient is a Medicaid recipient, contact the Wisconsin Medicaid Eligibility Verification System (EVS). For more information on the EVS, refer to the Provider Resources section of the All-Provider Handbook. Providers also have the option of calling Provider Services at (800) 947-9627 or (608) 221-9883 to determine the eligibility status of a patient.

Note: Your certification of 'emergency' does not guarantee Wisconsin Medicaid reimbursement.

**RECIPIENT INFORMATION**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

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**INSTRUCTIONS:** The patient should take this form to the county/tribal social or human services office in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including medical necessity.

- 1. Name — Patient**  
Enter the patient's last name, first name, and middle initial.
- 2. Address — Patient**  
Enter the complete address (street, city, state, and ZIP code) of the patient's place of residence.
- 3. Date of Birth — Patient**  
Enter the birth date of the patient.
- 4. Social Security Number — Patient**  
This information is not required. Most undocumented aliens do not have Social Security numbers. It will only be used for the administration of Wisconsin Medicaid.
- 5. Emergency Start Date**  
Enter the start date in MM/DD/YYYY format in which the patient was initially treated for the emergency condition.
- 6. Emergency End Date**  
Enter the date in MM/DD/YYYY format in which the patient's condition was no longer considered an emergency condition (according to the federal definition), or the date in the future, in your judgement, the emergency condition will end.
- 7. Name — Contact Person**  
Enter the name of the person who can verify the information provided on this form.
- 8. Telephone Number — Contact Person**  
Enter the telephone number of the contact person, including area code.
- 9. Name — Provider**  
Print the medical provider's name or the facility where treatment was provided.
- 10. Signature — Physician**  
The form must be signed and dated by the performing physician or other individual who can verify that the patient was treated for an emergency condition according to the federal definition.
- 11. Date Signed**  
Enter the date the form is signed.

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3. Date of Birth — Patient	4. Social Security Number — Patient
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7. Name — Contact Person	8. Telephone Number — Contact Person
9. Name — Provider (Print)	
10. <b>SIGNATURE</b> — Physician	11. Date Signed